South Carolina Department of Health & Human Services
MEDICAID ELIGIBILITY
SUPERVISORY CASE REVIEW LOG

Supervisor's Name _____   MEDS User ID _____   Review Month _____

Eligibility Worker	MEDS User ID	Primary Individual	HH No.	BG No.	Correct	Correct with Procedural Errors	Potentially Ineligible	Ineligible	Liability Error	Incorrectly Denied/Closed	Date to Worker	Date Rec'd by Supervisor
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DHHS Form 944 (Apr 04)